



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM (ASBESTOS)
ASBESTOS OCCUPATION CERTIFICATION RENEWAL

FOR APCP USE ONLY

DATE RECEIVED	CHECK DATE
CHECK NUMBER	CHECK AMOUNT

GENERAL INSTRUCTIONS

Asbestos occupation certification (except for Air Sampling Professionals) expires one year from its effective date unless it is renewed annually. For certification renewal, Missouri Air Conservation Law, Chapter 643 RSMo and Missouri state rule, 10 CSR 10-6.250 require the individual to successfully complete a Missouri state approved annual refresher course and examination. The individual shall score at least 70% on the refresher course examination. The refresher course shall be specific to the certification for which the individual initially received training. In addition, the refresher course shall meet the requirements of the U.S. Environmental Protection Agency (EPA) Asbestos Hazard Emergency Response Act (AHERA) Model Accreditation Plan, 40 CFR Part 763. The individual shall complete the Certification Renewal Form (one form per occupation), submit refresher training course certificate(s), submit two (2) recent passport-size color photographs of the applicant's face, and submit the renewal fee to the address below. In the case of significant changes to the Missouri Asbestos statutes or regulations, the applicant must also take and pass, with a score of at least 70%, a revised Missouri State Asbestos Examination. If this test is required, a Missouri State Asbestos Exam Fee must also be submitted with this application. The individual will be recertified when all fees and information required in this form have been submitted and reviewed and the individual receives their certificate and laminated identification card from the director.

The completed application form(s), training certificate(s), photographs, and fee(s) shall be mailed to the following address:

MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM (ASBESTOS)
P.O. Box 176
Jefferson City, Missouri 65102

PART A AUTHENTICATION

1. NAME OF APPLICANT (LAST NAME, FIRST NAME, MI)		2. SOCIAL SECURITY NUMBER	
3. HOME ADDRESS (STREET/APARTMENT)			
CITY		STATE	ZIP
4. TELEPHONE NUMBER ()		5. CURRENT MISSOURI CERTIFICATE NUMBER (ISSUED BY THE APCP)	
6. PRESENT EMPLOYER			
7. EMPLOYER'S ADDRESS			
CITY		STATE	ZIP
8. EMPLOYER'S TELEPHONE NUMBER ()		9. PLEASE INDICATE CONTACT INFORMATION <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> EMPLOYER ADDRESS NOTE: The address indicated will be used to contact you with regard to your certification, to mail your certificate and laminated identification card, and as a contact address on the APCP weblists.	
10. ARE YOU CERTIFIED IN OTHER STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please list state(s):			
11. TYPE OF CERTIFICATION DESIRED (CHECK ONLY ONE PER APPLICATION):			

Occupation	Renewal Fee	Missouri Exam Fee (if applicable)*
<input type="checkbox"/> Worker	\$5	\$25
<input type="checkbox"/> Supervisor	\$5	\$25
<input type="checkbox"/> Project Designer	\$5	\$25
<input type="checkbox"/> Inspector	\$5	\$25
<input type="checkbox"/> Management Planner	\$5	\$25

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*The Missouri State Asbestos Exam is only required to be taken by individuals seeking recertification when there are significant changes to the Missouri asbestos statutes or regulations. This test is in addition to the course specific test. If you are required to take the Missouri State Asbestos Exam you must submit the twenty-five dollar (\$25.00) fee. If you are not required to take the Missouri State Asbestos Exam, do not submit this fee. Failure to submit the correct fees will delay the processing of your application.

12. I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with Chapter 643 RSMo, 10 CSR 10-6.080, 10 CSR 10-6.241, and 10 CSR 10-6.250.

SIGNATURE OF APPLICANT	DATE
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PART B TRAINING INFORMATION

NOTE>

Photograph Requirements: Please submit two (2) recent passport-size color photographs of your face without a hat or sunglasses (computer generated or photocopied photographs are not acceptable) per application.

Attach a copy of your most current refresher training certificate from a Missouri Accredited Training Provider.

PART C SUPPLEMENTAL INFORMATION

SPECIALTY AREA	PART LETTER	SUBPART NUMBER			
					